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**TO: U.S. Patent & Trademark Office****NAME: Examiner: Ronald Baum****DATE & TIME: 01/27/06****CONFIRMATION:****PAGES TO FOLLOW: 31****FAX NUMBER: 571-273-8300****FROM: Morris, Manning & Martin, LLP****CHARGE TO:****NAME: John R. Harris****CLIENT/MATTER: 10775-36791****PHONE: (404) 233-7000****CONFIRMATION TIME:****HR MIN SEC****COMMENTS:****AMENDMENT AND RESPONSE TO FIRST OFFICE ACTION AND RECORD OF INTERVIEW****Applicant: John A. Copeland III****Application No.: 10/062,621****Docket No.: 10775-36791****Filing Date: 01/31/2002****Title: NETWORK PORT PROFILING****CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being ☐ deposited with the United States Postal Service as First Class mail in an envelope addressed to Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or ☒ transmitted to the U.S. Patent and Trademark Office by facsimile to number 571 273 8300 and 571-273-6741 on **January 27, 2006**.

  
John R. Harris, Reg. No. 30,388**IF YOU HAVE ANY DIFFICULTY WITH THIS TRANSMISSION, PLEASE CALL (404) 233-7000**

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JAN 27 2006

Inventor: John A. Copeland III ) Confirmation No.: 2472  
 )  
 Application No.: 10/062,621 ) Examiner: Ronald Baum  
 )  
 Filed: January 31, 2002 ) Atty Docket: 10775-36791

Title: NETWORK PORT PROFILING

## CERTIFICATE UNDER 37 CFR 1.10

The undersigned hereby certifies that this document, as described herein, are being deposited via Facsimile to 571-273-8300 addressed to: Mail Stop Amendment, Commissioner of Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on January 27, 2006.

By: 

Name: John R. Harris

Mail Stop Amendment  
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Sir:

We are transmitting herewith the attached:

- ☒ Transmittal Sheet containing Certificate of Mailing (1 page)
- ☒ Amendment and Response to First Office Action and Record of Interview (28 pages)
- ☒ Petition For Two-Month Extension Of Time (1 page)
- ☒ Credit Card Payment Form PTO-2038 in the amount of \$2,155 (\$225 for two-month extension of time, (\$1,930 fee for extra claims and multiple dependent claims (1 page)

## AS AMENDED

Claims Remaining After Amendment		Highest Number Previously Paid For		Present Extra		Rate		Fee
Total Claims								
88	-	22	=	66	x	25.00	=	\$1,650.00
Independent Claims								
5	-	4	=	1	x	100.00	=	\$100.00
Multiple Dependent Claims	-		=	-	x	180.00	=	\$180.00
Petition for Two-Month Extension of Time								\$225.00
TOTAL FILING FEE								\$2,155.00

Please send all correspondence to:  
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 404-233-700 (Main)  
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By: 

Name: John R. Harris

Reg. No: 30,388